

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

State of Wisconsin

-vs-

☐ Amended

**Petition for Sentence
Adjustment
(Positive Adjustment Time)
§973.198**

_____, Defendant

Name

Date of Birth

Case No. _____

Count No. _____

1. I was sentenced for a crime of _____, on (Date) _____.
 - The total length of my bifurcated sentence on this count is _____ years, _____ months.
 - My initial term of confinement on this count is _____ years, _____ months.
 - My initial term of extended supervision on this count is _____ years, _____ months.
2. My sentence on this count is not for a Class A or a Class B felony.
3. My sentence on this count was imposed prior to August 3, 2011.
4. I have earned positive adjustment time because I served some or all of the confinement portion of this sentence between October 1, 2009 and August 2, 2011. **Attached is the Verification of Confinement Time Eligible for Positive Adjustment Time form (CR-282) completed by the Department of Corrections.**
5. I have filed this petition after serving the confinement portion of the sentence less the positive adjustment time that I have earned.
6. The following are the ground(s) for filing this petition: (Check all that apply)
 - ☐ A. My conduct, efforts at and progress in rehabilitation, or participation and progress in education, treatment, or other correctional programs since being sentenced supports my request (See attached copy(ies) of my prison program certifications(s)).
 - ☐ B. My risk of re-offending is low based on a verified, objective instrument (See attachment).
 - ☐ C. Other: _____

I request a hearing within sixty (60) days of the date this petition is filed. If the court grants this petition, I understand that the unserved confinement portion of my sentence will be added to the extended supervision portion of my sentence. The total length of sentence will not change.

I am at the following address: _____

Facility name

Facility address



Petitioner

Name Typed or Printed

Date

DISTRIBUTION:

1. Court – Original